

ABSTRACT

BACKGROUND:

Children admitted for fever with thrombocytopenia can have a stormy course with high morbidity and mortality. To alert the treating pediatrician, some prognostic factors are needed during admission to predict the outcome. This study was conducted to identify those factors.

AIM OF THE STUDY:

To study the clinical and lab parameters in predicting the outcome of children with fever with thrombocytopenia below 12 years.

METHODS:

It was a prospective observational study done in 100 children admitted during January 2017 to June 2018. 21 parameters were recorded using pre-structured proforma. Data analysed using SPSS software version 21.0.

RESULTS:

Totally 100 cases were studied. 62% developed only fever, 15% developed fever with bleeding and 23% developed fever with shock. Study showed children presenting with warning symptoms 54% (p value 0.001), altered sensorium 27% (p value 0.001), respiratory distress 31% (p value 0.001), abdominal distension 30% (p value 0.001), hepatomegaly 68% (p value 0.001), dehydration 40% (p value 0.001), low platelet count 45% (p value 0.001), high hematocrit 29% (p value 0.001), abnormal renal function test 6% (p value 0.001), elevated liver enzymes 16% (p value 0.001), abnormal coagulation profile 15% (p value 0.001), ascites 86% (p value 0.001), pleural effusion 91% (p value 0.001), positive C-Reactive protein 47% (p value 0.001) and dengue positivity 66% (p value 0.001) had statistically significant influence in outcome.

CONCLUSION:

Late visit to hospital with warning symptoms, altered sensorium, respiratory distress, abdominal distension, hepatomegaly, low platelet count, elevated hematocrit and liver enzymes, positive CRP and dengue positivity influence poor outcome in children admitting with fever with thrombocytopenia.